

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City St. Louis, Mo.

Charles Barry.

JAN 18 1937

Registration District No.

Primary Registration District No.

CITY INFIRMARY /

1003

File No.

Registered No.

St. Ward)

3172

195

2. FULL NAME

(a) Residence, No. City Infirmary St. Hospital 13

(Usual place of abode)

5800 Arsenal St.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 - 1867</u>		
7. AGE <u>1867</u>	YEARS <u>69</u>	MONTHS <u>7</u>
		DAYS <u>7</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Iron Worker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>
	10. Date deceased last worked at this occupation (month and year) <u>X</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri.</u>
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13. NAME <u>Chas. Barry,</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST. LOUIS, MO.</u>
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15. MAIDEN NAME <u>Mary Jane Howe,</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ENGLAND</u>
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17. INFORMANT (ADDRESS) <u>E. Molony). 5800 Arsenal St.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY CEMETERY</u>
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19. UNDERTAKER (ADDRESS) <u>Goodhart's Goodhart 2228 St. Louis</u>
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20. FILED <u>5</u> <u>1937</u> <u>19</u> <u>St. Bredeck</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936 to January 3, 1937

I last saw him alive on January 3, 1937 Death is said

to have occurred on the date stated above, at 8:50 m. P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease

CONGESTIVE HEART FAILURE

Chronic Nephritis

Other contributory causes of importance:

Chronic Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) St. Bredeck M. D.

(Address) 5600 Arsenal

